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ABSTRACT

A program was initiated by the psychiatric faculty at the Florida International University School of Nursing to help provide students with clinical practice experience in the face of fewer in-patient facilities. When the student population cannot be absorbed, the faculty must provide optional experiences that meet the students' clinical objectives. In the Florida program, there were disruptions in the student's ability to interact on a reasonably consistent basis with one or more clients, so the overall objectives of the program were to maintain the clinical objectives for the negotiated number of students at the facility, provide supervision and role modeling, and facilitate educational diversity. To maintain a clinical focus on the nursing process, the faculty designed a student activity that focused on the development and utilization of a student generated, self-directed nursing process quality assurance monitor. Upon completing the assignment, the student had to author a generic nursing care plan for a psychiatric population, develop a nursing monitor using selected parts as audit criteria, monitor at least three closed charts, present the results to peers, and develop a summary report for the facilities' nursing quality assurance activity. Positive outcomes of this activity include the opportunity it gave students to experience the nursing process from the development of the generic nursing care plan to monitoring and reporting results. Contains 10 references. (SM)

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AN EDUCATIONAL STRATEGY IN THE FACE OF
CENSUS FLUCTUATIONS IN A MENTAL HEALTH SETTING

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ABSTRACT

Psychiatric care over recent decades has been effected by various social and political issues. That care, primarily provided in large state hospitals, is taking place in smaller private specialized programs. With fewer beds, these programs can be more sensitive to fluctuations in census, particularly to decreased census which in turn has an impact on the number of students who are assigned to those clinical programs. When the student population cannot be absorbed due to decreased census, the faculty is challenged to provide optional experiences which will meet the students' clinical objectives. One such optional experience was designed by psychiatric faculty to provide a self-directed student quality assurance activity utilizing facility resources and faculty guidance. Using the nursing process, a student designed generic nursing care plan becomes the foundation for the audit criteria selection. The retrospective chart review provides the basis for feedback to peers and the facility's quality assurance efforts. Advantages and disadvantages of the activity are discussed.

AN EDUCATION STRATEGY IN THE FACE OF
CENSUS FLUCTUATIONS IN A MENTAL HEALTH SETTING

Inpatient census fluctuations in psychiatric facilities can present a challenge to clinical nursing faculty as they negotiate and implement clinical placement of students in psychiatric/psychosocial nursing courses. Historically, various economic and social factors have effected the delivery of mental health services. Erratic and unpredictable census fluctuations required faculty's attention for precipitous census decreases threatened the stability of student placement.

The placement of students for clinical experience in mental health seems to have followed historical trends. The extensive state hospital system once provided a primary setting for the clinical education of nursing students.

Students from various schools of nursing could be accommodated in these large facilities. The passage of the Community Mental\health Act of 1969 changed the extensive hospital system by stimulating the movement of the state hospital clients into the community. With deinstitutionalization came the systematic closing of programs at these large facilities. The shrinkage of clinical size of facilities stimulated schools to seek other options for placement of students.

The growth of psychiatric units in community general hospitals fostered by federal funds (The Hill-Burton Act) offered locally based treatment for clients and an alternative site for the clinical education of nursing students. These community programs generally treated adult clients who were

diagnosed with a wide range of psychiatric disorders. These private and for profit programs soon provided clients with an optional short stay treatment approach followed by out patient care. Use of a competitive model advocated by President Reagan's administration saw an acceleration of growth of the for-profit facility (Kelly, 1985). Individual health care programs and facilities became part of the diversified holdings of corporate organizations which promoted business ventures through competitive programs. The trend of the homogeneous adult psychiatric programs gradually yielded to smaller more specialized programs.

Over the last decade while the number of local specialized psychiatric programs grew, the number of beds per program seemed to decrease. These reduced beds in specialized programs were more sensitive to census fluctuations than those of larger programs. As a result, the placement of students for their clinical educational experience was potentially at risk.

The reality and complexity of this situation became clear to the psychosocial nursing faculty at Florida International University, in Miami. Occasional and brief census declines had been experienced in local psychiatric in-patient facilities. In general, nursing faculty and nursing management working together were able to accommodate to these variations but sustained fluctuations and steeper declines required a different strategy. This strategy had to assure continuity in meeting student clinical objectives. The faculty's need to maintain a balance between the student numbers and client census was also a consideration.

The purpose of this paper is to discuss one program initiated by faculty for the student whose potential client population is disrupted as a result of decreased census. The overall objectives were: to maintain the clinical objectives for the negotiated number of students at the facility; to provide supervision and role modeling, and; to facilitate educational diversity for students whose potential client population is disrupted.

The Challenge

The primary clinical objective of the second of two psychosocial nursing courses at Florida International University School of Nursing is for the student to apply concepts of communication and the nursing process in the provision of therapeutic nursing to the client with moderate to severe alterations in thought, mood, and behaviour. Two clinical sites were utilized and included a public crisis unit and a psychiatric in-patient program in a private community general hospital. The private psychiatric program contained four specialty units and at the time experienced a sustained seasonal census drop in two of four units. The public crisis unit, at its usual 98% occupancy, was mandated to comply with licensed bed requirements and to decrease the number of actual beds in the facility. Simultaneously, the public crisis unit census dropped precipitously. The students' academic semester was at mid-point. It was difficult to predict how long the decreased census would continue. A creative and constructive solution had to be devised quickly. The complexity of the

faculty's role in making and adjusting student activities and assignments on short notice while maintaining course objectives can be challenging and put faculty to the test of demonstrating multiple competencies (Carpenito and Deusphal, 1985).

Relocating students to an optional site was unrealistic at that time for a number of reasons. First, the School of Nursing, as the newest school in the two county area, had neither the numbers of available clinical sites nor priority in selecting clinical units within those sites. Second, the ability to find an appropriate clinical facility was restricted by time and available full time equivalent funding.

A time limited review of the literature on the topic of clinical options and experiences was completed. This review was not as fruitful as hoped. Although subscribing to the importance of the clinical educational experience, it appeared that nursing had yet to document liberally about various clinical experiences and options devised by faculty (McCabe, 1985).

The ultimate goal of the clinical practice experience is for the nursing student to develop competence in the application of concepts and skills on the clinical setting (Carpenito and Deusphal, 1985). With disruptions in the student's ability to interact on a reasonably consistent basis with one or more clients, the concern for application and reinforcement of the nursing process with the psychiatric client became a faculty priority. In order to maintain a clinical focus on the nursing process, the faculty quickly designed a student activity which focused on the development and utilization of student generated nursing process quality assurance monitor. The data derived from

this monitor was a key component to students' participation in post conference activities and facility quality assurance activities. The specifications of these activities will be discussed below.

The Nursing Process Monitor

The need to adjust the assignment of students on clinical units is dependent on factors as census and acuity level of the clients on that unit each clinical day. When the census is too low to support all the students assigned to the program, the displaced student needs a viable alternative activity to participate in during that clinical day. This activity must provide the learners with a one day self-directed activity which utilizes their own as well as a variety of resources at the clinical setting. The activity must compliment class activities, reinforce and expand on the nursing process in the psychiatric setting. This activity designed by the faculty was entitled the Optional Nursing Process Monitor.

Nursing Process Monitor Guidelines

Optional guidelines were quickly developed because of the immediacy of the situation. These guidelines included provisions that at the completion of the Optional Nursing Process Monitoring assignment, the student will: a) author a generic nursing care plan for an identified psychiatric population using the School of Nursing Care Plan format; b) develop a nursing monitor using selected parts of the care plan as audit criteria; c) transfer those criteria onto the Quality Assurance Monitor and Data Retrieval Guide (See Figure I); d) monitor at least

three closed charts; e) present results of the monitor to peers in post conference; and f) develop a summary report, with faculty assistance, to submit to the facilities' nursing quality assurance activity.

Basic policies included: a) client confidentiality will be maintained; b) students will complete the monitor within the time frame allowed; c) results of the monitor will be made available to the nursing quality assurance activity; d) faculty will provide guidelines and support to the student as requested.

Completion of the monitor relies on the student having access to closed medical records. In order to facilitate that access, the faculty met with the Medical Records Department manager to obtain a list of top ten discharge diagnosis and to solicit support from the the manager for her staff to pull three to five charts at the nursing student's request. The student's presence is known to the department through their participation in a medical records orientation at the beginning of the clinical experience. After support was obtained from the medical records staff, the faculty designed the Generic Quality Assurance Monitor and Data Retrieval Guide.

This guide provides structure and direction for the student to extract clinical content for his/her generic nursing care plan and to flesh out the Generic Quality Assurance Monitor and Data Retrieval Guide. Once the steps were in place and shared with the students, the optional nursing process monitor activity was ready for the first opportunity, i.e., the low patient census event.

Students given priority to participate in the nursing process monitor activity were those whose assigned clinical unit experienced either a precipitous census drop, or whose patients

had been discharged or not at the facility that day.

Implementation

During the periods of census declines, the faculty would verify census early each clinical day to determine if any modification in student assignments was indicated. Plans were shared with the head nurse. In a brief pre-clinical conference, the students assigned to the program requiring adjustments, would decide who would shift to the optional activity. The assigned student then decided on a patient population by diagnosis and requested three to five closed medical records. While medical records staff located the records, the student developed the generic nursing care plan using psychiatric or nursing diagnosis, i.e., paranoid schizophrenia or suspiciousness. The Diagnostic and Statistical Manual III Revised (DSM III R) could be used as one of at least three resources. The issue of not assuming total congruence between DSM IIIR categories and patient behaviors identified by nursing is reinforced by the faculty. On completion of the nursing care plan, the Generic Monitor and Data Retrieval Guide is interfaced with the care plan to provide specific audit criteria. Once the Generic Monitor and Data Retrieval tool is completed, the student began the chart monitor. Focusing on the first week of admission, the psychosocial nursing process as documented is reviewed. The student determines congruency between the specific nursing care plan content and the historical record of a client.

The faculty offers consultation to the student as needed, while overseeing the clinical activities of other students.

Once the monitor is completed the faculty and student collaborate to summarize the data into a brief narrative report. This accomplished several objectives. First, it becomes the focus of that student's contribution during clinical post conferences. It is also expected that the student contributes to the overall clinical issues raised by peers, particularly as they impact on documentation of the nursing process. A summary of the monitor is forwarded by the faculty to the facility's nursing quality assurance activity.

In general, the activity was perceived by nursing administration as supportive and recognized the students' intent and contribution. If nursing administration is current with the state of practice within their facility, focused audit results generally hold no surprises for them. Infante (1975) notes that clinical activities need to include a provision for allowing the student the opportunity to function within the team. This assists and prepares them to make a maximum contribution as a team member. This activity provides students with that beginning experience. Additionally, as a result of the student monitoring experience, the faculty provided in-service programs on charting to the nursing staff at the facility in order to demonstrate how the deficiencies identified by the student could be addressed. Thus, not only was this a valuable experience for the students, but it assisted the health care facility.

The inclusion of quality review is a new activity for the students in this course, although it is not a new concept. Students are introduced to the American Nurses Association Quality Assurance Model (ANA, 1975; ANA, 1976) in their first

professional socialization course. Quality assurance activities as an integral part of nursing practice is reinforced not only in the psychosocial course content but as well in the class text (Janosik and Davies, 1986). The experience of writing and performing the monitor takes the student a step beyond the classroom into participatory activities.

The faculty's intent was to provide an optional educational experience for the clinically displaced nursing student. Besides looking pragmatically at the application of the nursing process, a second outcome recognized by the student was that the student was the importance of the concept of peer monitoring.

It has been noted that there is little agreement between employers of baccalaureate graduates and curriculum developers about which skills should be included in the curriculum (Field, et. al., 1984). It is hoped experiences such as this will encourage the new graduate to participate in quality assurance activities as a part of their role as a registered nurse. The faculty, a long standing current member of a private psychiatric hospital's Quality Assurance Committee, is familiar with the staff nurse's reticence to become an active participant in this vital self-regulating process.

Advantages and Disadvantages

As with any activity in which rapid adjustments are required in order to respond to changing conditions, a number of advantages and disadvantages were identified. The first disadvantage was the initial time required by faculty to organize the activity. The second disadvantage was the time required to assist some

students to stay on track, so the process could be completed within the required time frame. Because a number of students experienced difficulty prioritizing their activities, a structured time frame guideline to keep the student on track with the task at hand was offered for their consideration. The third disadvantage was raised by students. They noted that, since it was not necessary for all students in the clinical rotation to participate in this optional quality assurance monitoring, it represented an uneven learning experience.

A number of positive outcomes were recognized as a result of this activity. First, the overall feedback was seen as positive. Students recommended continuing this activity as part of the clinical experience. The role of faculty is to provide structure, overall guidance and consultation as requested. It was the intent of faculty and supported by Meridith (1978) that self-directed activities would have a positive impact on learning. This was reinforced by feedback by the students who completed the Optional Nursing Process Monitor.

The students also acknowledged that the monitoring process assisted them to synthesize and apply the nursing process from a more expansive perspective as well as reinforcing cognitive content. Second, the monitoring process provided students an opportunity to give feedback to peers and the faculty through the focused monitor. Third, students were impressed with the need to organize and prioritize their time in order to accomplish a time limited task. A fourth advantage was to provide the students with the opportunity to experience the nursing process from the development of the generic nursing care plan, monitoring,

reporting results. They saw an educational activity unfold to assist with the resolving of an identified clinical problem. Finally, the activity gave the faculty an opportunity to demonstrate to student learners that although changes in direction may be necessary at times, that does not mean that one loses perspective nor a valuable educational opportunity.

In summary, the experience of modifying the clinical psychosocial learning experience from an on-unit patient focused activity to a self-designed care plan monitor and feedback tool demonstrated to the students that they were able to respond positively to a novel learning activity. The application of principles of nursing process, psychosocial concepts, quality assurance, peer review and priority setting were all included in this student participatory activity.

Faculty was able to assist the student achieve overall clinical goals as well as focus on the objectives of the Optional Quality Assurance Activity. Flexibility and a shared responsibility between faculty and the facility to improve care was demonstrated to all the participants. Decreased census, a situation which could have interfered with the student learning activities and objective accomplishment, did not. Modification by faculty demonstrated the interface between student learning activities, facility objectives, and the continuous relationship between the nursing process and quality assurance activities.

Figure I

Generic Quality Assurance Monitor & Data Retrieval Guide

Student Name Nancy SmithDate 3 June '89Nursing/Psychiatric Diagnosis Major Depression

0 = no, 1 = yes, 2 = unknown, 3 = not applicable

Criteria	Chart #	Chart #	Chart #
1. The PTP* lists a priority problem of nursing concern which may include: a) <u>Injury, potential for self inflicted</u> b) _____ c) _____ 2. One problem identified on the nursing assessment form is brought forward to the treatment plan. 3. The care plan lists actual or potential problems related to thinking or perception which may include: a) <u>self-concept, disturbance in</u> b) <u>role performance</u> c) <u>hopelessness</u> 4. The care plan lists an actual/potential problem related to A.D.L.'s or self care which may include: a) <u>Sleep disturbance: insomnia</u> b) <u>psychomotor retardation</u> c) _____ 5. Nursing interventions list potential/actual teaching topics and may include: a) <u>dietary regulation, re: MAOI meds</u> b) <u>avoid compounds containing ephedrine</u> c) <u>contrast regarding suicide ideation</u> 6. The client outcome goal in the PTP has a time frame. 7. The result of a psychotropic PRN is noted in nurses note. 8. An assessment for side effects of medication is noted. Major pharmacology agent: <u>Parnate</u> Expected <u>drowsiness</u> Side effects possible <u>hypertensive crisis</u> 9. Nursing interventions on PTP include accountability on a 24-hour basis. a) <u>encourage verbalization & social interaction</u> b) <u>promote bedtime routines - noddy sleeping</u> c) <u>assess suicide status</u> 10. Nurses accountable for nursing interventions are listed in the PTP. 11. PTP identifies interventions for post hospital follow up, which may include a) <u>knowing post discharge med. routine</u> b) <u>stating one resource in case of suicidal ideas</u> c) <u>define & demonstrate coping through expressing anger toward parents...</u>			

* Patient treatment plan--nursing contribution.

REFERENCES CITED

- American Nurses' Association (1975) A Plan for Implementation of the Standards of Nursing Practice Kansas City, MO: The Association.
- American Nurses' Association (1976) Quality Assurance Workbook Kansas City, MO: The Association.
- American Psychiatric Association (1987) Diagnostic and Statistical Manual of Mental Disorders (3rd ed., Revised). Washington, D.C.:Author
- Carpenito, L. J. and T.A. Deusphal (1985) A Guide for Effective Clinical Instruction, Rockville, MD: Aspen
- Field, W.S., L. Gullman, R. Nicholson and M. Dreher (1984) Clinical Competencies of Baccalureate Students. Journal of Nursing Education. 23(7), 292-296.
- Infante, M.S. (1975) The Clinical Laboratory in Nursing. New York:John Wiley.
- Janosik, E. and T. Davis (1986) Psychiatric Mental Health Nursing Boston: Jones & Bartlett.
- Kelly, L.Y. (1985) Dimensions of Professional Nursing (5th ed.) New York: MacMillian.
- McCabe, G.N. (1978) Evaluation of Clinical Experiences in Nursing Education. Psychological Reports, 43, 69-70.
- Stanton, C. (1983) Format for Recording the Clinical Performance of Nursing Students. Journal of Nursing Education, 22(3), 114-116.